07838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Easton~~ Cordova. | LENGTH OF STAY (In this place) 7½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova.
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED (Type or Print): (First) Bedell (Middle) Angram (Last)

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Black	Single	3/11/52	4 mo yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Florida	USA

13. FATHER'S NAME John W Angram
14. MOTHER'S MAIDEN NAME Eunice Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		John W. Angram

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition, Anemia	since birth
4917	(c) Dehydration, Acidosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-22, 1952, to 7-23, 1952, that I last saw the deceased alive on 7-22, 1952, and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John S. Baybutt M.D.	214 Dover St Easton Md	7/24/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-26-52	Cordova Md	Cordova, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/24/52	N. H. Neuru	James E. Caulk, Easton	

VS. A-15

9V32 7V99V

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07840

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Queen Anne — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Katherine (Last) Boyles

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 14 1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: H.W.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert H. Councill

14. MOTHER'S MAIDEN NAME: Martha Ann Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-20-4690

17. INFORMANT AND ADDRESS: Mrs. L.C. Rowe - 871 Park Ave, Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic pneumonitis	6 days
	(c)	

420.1 (260K)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus (3)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 July, 1952, to 17 July, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE: Hunter Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 18 July 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/20/52 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG.: 7/18/52 — REGISTRAR'S SIGNATURE: N.H. Nevins

24. FUNERAL DIRECTOR: Burton Bros — ADDRESS: Centreville Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 28 1952
BUREAU V. S.

07839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days 9 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) T. (Last) Ball
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH April 29, 1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Franklin Tyler
14. MOTHER'S MAIDEN NAME Kate Higgins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mr John D. Ball (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) apoplexy	3 days
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	5 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to 7/4/, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 12 50 A.m., from the causes and on the date stated above.

SIGNATURE P. B. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 7/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 7, 1952
NAME OF CEMETERY OR CREMATORY Neavitt Cemetery
LOCATION (City, town, or county) Neavitt (State) Maryland
DATE REC'D BY LOCAL REG. 7/5/52
REGISTRAR'S SIGNATURE W. H. Neerus
24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. AT

RECEIVED
JUL 14 1952
BUREAU V. S.

07841

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Watson (Last) Brown
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1952
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 7, 1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger
10b. KIND OF BUSINESS OR INDUSTRY Paper Hanger
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr Henry Brown
14. MOTHER'S MAIDEN NAME Hester Watkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~unknown~~ no
17. INFORMANT AND ADDRESS Mrs Lona Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Septicemia cause undetermined	3 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerosis general	(?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 July, 1952, to 25 July, 1952, that I last saw the deceased alive on 25 July, 1952, and that death occurred at 1 35/2 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Easton Maryland 26 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/28/52
NAME OF CEMETERY OR CREMATORY East New Market
LOCATION (City, town, or county) East New Market (State) Md

DATE REC'D BY LOCAL REG. 7/26/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J J Frampton Son
ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1952
BUREAU V. S.

07842

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural St Michaels
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALFRED HERREN CALLAHAN
4. DATE OF DEATH: (Month) (Day) (Year) 7 22 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-5-30
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driller of wood
10b. KIND OF BUSINESS OR INDUSTRY: EXTERMINATING
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph CALLAHAN
14. MOTHER'S MAIDEN NAME: ANNA LEE ~~HARRIS~~ CROTTS ~~COR~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: FRANKIE CALLAHAN - Forest City North Carolina

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 914.0

Immediate cause (a) ACCIDENTAL ELECTROCUTION
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) House (CITY OR TOWN) nr. St Michaels (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 22 52 c2P M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? DRILLING Joists IN DAMP CELLAR

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c2P m., from the causes and on the date stated above.

SIGNATURE Louis J. Wetty MD. (DEGREE OR TITLE) DOME ADDRESS Easton Md DATE SIGNED 7-22-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 7-26-52
NAME OF CEMETERY OR CREMATORY Forest City
LOCATION (City, town, or county) (State) Forest City - North Carolina

DATE REC'D BY LOCAL REG. July 23/52
REGISTRAR'S SIGNATURE Mrs Ralph L. Selby
24. FUNERAL DIRECTOR NORMAN D. MARSHALL ADDRESS St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 8-51

RECEIVED
JUL 25 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 14 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) A (Last) CREIGHTON

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: July 7. 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HOOPERS ISLAND MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. HENRY CREIGHTON

14. MOTHER'S MAIDEN NAME: PHOEBE J. LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Riley Creighton St Michaels. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	CARDIAC DECOMPENSATION	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	METASTATIC CARCINOMA OF LUNG - LEFT	3 years
(c)	CARCINOMA OF BREAST - INOPERABLE	3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY, MODERATE; PULMONARY EMPHYSEMA —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST, 1947, to JULY 11, 1952, that I last saw the deceased alive on 11 JULY, 1952, and that death occurred at 7.30 P. m., from the causes and on the date stated above.

SIGNATURE: Arthur V. McLeod (Degree or title) ADDRESS: Wm D. Sr. Talbot Co. St. Michaels, Md. DATE SIGNED: 12 July 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 14, 1952

NAME OF CEMETERY OR CREMATORY: Worchester Memorial Cemetery

LOCATION (City, town, or county) Cambridge (State) Md

DATE REC'D BY LOCAL REG.: July 13, 52

REGISTRAR'S SIGNATURE: Mrs Robt. R. Leche

24. FUNERAL DIRECTOR: W. Hamilton Harrison ADDRESS: St. Michaels. Md

RECEIVED
JUL 15 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe
STREET ADDRESS (If rural, give location): Martin's Point

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) B. (Last) Dann
4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-10-84
9. AGE last birthday: 68 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Dr William Berry
14. MOTHER'S MAIDEN NAME: Lavernia Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ~~unknown~~ no
17. INFORMANT AND ADDRESS: Mr Alex W. Dann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 3 weeks

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Scheratic Heart Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8th, 1952, to July 26th, 1952, that I last saw the deceased alive on July 26th, 1952, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: William S. Seymour, MD. (Degree or title) — ADDRESS: Trappe, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 29-52 — NAME OF CEMETERY OR CREMATORY: Sewickley Pa cemetery — LOCATION (City, town, or county): Sewickley, (State): Ind.

DATE REC'D BY LOCAL REG.: 7/27/52 — REGISTRAR'S SIGNATURE: N.H. Neeree — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

AUG 1 1952

BUREAU OF STANDARDS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 28 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Queen Anne's COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Harry (Last) Elborn

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: April 15 1903

9. AGE last birthday: 49 yrs.

If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Elborn

14. MOTHER'S MAIDEN NAME: Grace Yeatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Mrs Cora Elborn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Lymphatic Leukemia — Interval Between Onset and Death: 1 wk.

204.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952, to July 27, 1952, that I last saw the deceased alive on July 27, 1952, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold F. Bullock M.D. 9 N. Washington St. Easton, Md. 7-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7/30/52 | NAME OF CEMETERY OR CREMATORY Church Hill | LOCATION (City, town or county) Church Hill | (State) Md

DATE REC'D BY LOCAL REG. 7/28/52 | REGISTRAR'S SIGNATURE N. H. Meeres | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill

7-1

RECEIVED
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BUREAU V. S.

546

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for Aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Rebecca (Last) Emerson

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 16, 1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Caroline Co. Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew - B - Roe
14. MOTHER'S MAIDEN NAME: Catherine Skirven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Irene S. Hardin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Undiagnosed abdominal carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4-5 mo.

1991 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — ~~DUE TO~~ (b) Gastro-intestinal obstruction — 1 week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1952, to 7-12, 1952, that I last saw the deceased alive on 7-12, 1952, and that death occurred at 3 30 p m., from the causes and on the date stated above.

SIGNATURE Frederick William Dick, M.D. (DEGREE OR TITLE) ADDRESS 214 Dover St Easton, Md DATE SIGNED 7-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 15 1952
NAME OF CEMETERY OR CREMATORY Greenboro Cemetery
LOCATION (City, town, or county) Greenboro, Caroline (State) Md

DATE REC'D BY LOCAL REG. 7/14/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newman Son ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10 8-51

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JUL 17 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ST. MICHAELS, Md
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ST. MICHAELS — Md
STREET ADDRESS (If rural, give location) — CHURCH NECK.

3. NAME OF DECEASED (Type or Print) (First) NORMAN (Middle) S. (Last) ESSIG
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH NOV 6, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR OF DENTAL SURGERY
10b. KIND OF BUSINESS OR INDUSTRY DENTISTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chas R ESSIG
14. MOTHER'S MAIDEN NAME Mary Sturgess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS NORMAN S. ESSIG, ST MICHAELS Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	CORONARY OCCLUSION, ACUTE, SEVERE	2 hr ONE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	HYPERTENSIVE CARDIOVASCULAR DISEASE	5 yrs ±1
	(c)	ARTERIOSCLEROSIS, GENERALIZED, CHRONIC, MODERATE.	yrs ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY; moderate. 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1947, to JULY 2, 1952, that I last saw the deceased alive on NOV 2, 1952, and that death occurred at 11 05 P. m., from the causes and on the date stated above.

SIGNATURE Arthur V. Millholland, M.D. (Degree or title) ADDRESS 511 Talbot St. - PO Box 288 - St Michaels, Md. DATE SIGNED 2 JUL 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 5 1952
NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
LOCATION (City, town, or county) Philadelphia (State) Pa
DATE REC'D BY LOCAL REG. July 3, 1952
REGISTRAR'S SIGNATURE Mrs Robt. L. Seth
24. FUNERAL DIRECTOR S. Hampton Harrison ADDRESS St. Michaels, Md.

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JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Gambrill.
4. DATE OF DEATH (Month) July. (Day) 5 (Year) 1952.
5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 12, 1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter
10b. KIND OF BUSINESS OR INDUSTRY Retired Painter
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr. Darius Gambrill
14. MOTHER'S MAIDEN NAME Elizabeth Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Mr. Horace E. Gambrill 17 Burke ave. Towson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	?
	(c) Arteriosclerosis generalized	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21/52 to 7/5/1952, that I last saw the deceased alive on 7/4/1952, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 7/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/7/52 NAME OF CEMETERY OR CREMATORY Washington LOCATION (City, town, or county) Hurlock (State) Md
DATE REC'D BY LOCAL REG. 7/6/52 REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR J. J. Krampton Son Federalsburg Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

1. PLACE OF DEATH:

COUNTY: Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Bellevue

LENGTH OF STAY (in this place): all of life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bellevue

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Douglas (Last) Gardner

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Color	Married	6-30-1886	66 yrs.		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Waterman	Bellevue, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Gardner	Henrietta Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	157-14-6210 A	Sarah Gardner, Bellevue, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Sclerosis	
420.1	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chr. Atheromatosis, Arteriosclerotic Nephritis	
	DUE TO	
	(c) Malignant hypertension	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	None	No	No	No

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None	M.	No injury

22. I hereby certify that I attended the deceased from Dec. 10, 1951 to July 1, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE: Philip B. Reeves (DEGREE OR TITLE) M.D. ADDRESS: St. Michaels, Maryland DATE SIGNED: July 3-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 5 1952	Richard Cemetary	Easton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR:	ADDRESS
6/3/52	M.A. Reeves	Johnson Williams	Easton Md

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BUREAU V. S.

Item 7 FilmG145 7/31/52 whw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 hr 22 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Gill
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: New Jersey 12, 1898
9. AGE last birthday: 33 yrs. (If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Mr George Gill
14. MOTHER'S MAIDEN NAME: Louise Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr Oliver Haynes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 hrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension — ? 1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1952, to [illegible], 1952, that I last saw the deceased alive on [illegible], 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thurston Harrison M.D. ADDRESS Easton, Md. DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/22/52 — NAME OF CEMETERY OR CREMATORY Oxford — LOCATION (City, town, or county) Oxford (State) Md

DATE RECD BY LOCAL REG. 7/21/52 — REGISTRAR'S SIGNATURE H. L. Nichols — 24. FUNERAL DIRECTOR [illegible] — ADDRESS Easton Md

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) Jack's Point

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) A. (Last) Garsuch
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 30th 1876
9. AGE last birthday 76 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Oxford Talbot County
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Charles Garsuch
14. MOTHER'S MAIDEN NAME Mary Cahall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. A/N 7-07-3412
17. INFORMANT AND ADDRESS Mrs W. A. Garsuch, Oxford Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 yrs.
	(c) Hypertension	6 yrs. +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946 to July, 1952 that I last saw the deceased alive on 7/28, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 7/29/52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF July 30 52
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REG. 7/29/52
REGISTRAR'S SIGNATURE N. H. Neeree
24. FUNERAL DIRECTOR [illegible]
ADDRESS Easton Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EIVED
1 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS (If rural, give location) 605 Dover Rd.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Arthur (Last) Green
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1952
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Feb. 11, 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Mt Talbot Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Alfred Green
14. MOTHER'S MAIDEN NAME Alice Cuff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Nannie Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis c̄ Anasarca

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.15, 1952, to 7-21, 1952, that I last saw the deceased alive on 7-21, 1952, and that death occurred at 9.10 A.m., from the causes and on the date stated above.

SIGNATURE G. F. Buell (Degree or title) Md ADDRESS Easton Maryland DATE SIGNED 7-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/24/52
NAME OF CEMETERY OR CREMATORY Mt. Pleasant
LOCATION (City, town, or county) Near Preston (State) Md

DATE REC'D BY LOCAL REG. 7/22/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J Frampton Son Ruthsburg Md. ADDRESS

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Holmes (Last)

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1952

5. SEX Male
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Jan 9, 1904
9. AGE last birthday 48 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Jesse Holmes
14. MOTHER'S MAIDEN NAME Sarah Greenwich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ollie Holmes Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 x

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 12 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Glomerulonephritis, Chronic — ?

(c) Uremia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 10, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 10:24 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick W. Sick, M.D. ADDRESS 214 Dover St. Easton, Md DATE SIGNED July 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 13, 1952
NAME OF CEMETERY OR CREMATORY Greenspring Cemetery
LOCATION (City, town, or county) Denton Md (State)

DATE REC'D BY LOCAL REG. 7/11/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A4

RECEIVED
JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 195[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday 8 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Richard Legar
14. MOTHER'S MAIDEN NAME Annie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Alice Legar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465X

Immediate cause (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis c̄ Stones, left — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 7/20/, 1952 that I last saw the deceased alive on 7/20/, 1952 and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/22/52
NAME OF CEMETERY OR CREMATORY Crumpton
LOCATION (City, town, or county) Crumpton (State) Md

DATE REC'D BY LOCAL REG. 7/21/52
REGISTRAR'S SIGNATURE N.H. Neires
24. FUNERAL DIRECTOR Edward Hillour ADDRESS Millington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

~~Anna Martha~~ Mattes

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman LENGTH OF STAY (In this place) 23 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ANNA M. MATTES

4. DATE OF DEATH: (Month) (Day) (Year) 7 - 3 - 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-25-1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hartman Ulrich

14. MOTHER'S MAIDEN NAME: Anna Shellhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY No.: None.

17. INFORMANT & ADDRESS: Mrs Joseph Lowery Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	Acute dilatation heart	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Chronic valvular Heart disease	7 yrs
	(c)	Arterial Sclerosis	6 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48 to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Tilghman Md DATE SIGNED July 3 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7/7/52 NAME OF CEMETERY OR CREMATORY St Paul's Yellow Bottom LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. July 4/52 REGISTRAR'S SIGNATURE Mrs Robt L Beth

24. FUNERAL DIRECTOR [signature] ADDRESS Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
JUL 8 1952
BUREAU V. S.

Item 9 Film 1144 7/21/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cardova
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Phillip (Last) Monday

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Nov. 14 1930

9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR: Months 7 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm land

11. BIRTHPLACE (State or foreign country): Cardova

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Monday

14. MOTHER'S MAIDEN NAME: Adella Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John H. Monday Cardova

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

0024

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 1951 to 7-10 1952, that I last saw the deceased alive on 7-5 1952, and that death occurred at 1 Midnight, from the causes and on the date stated above.

SIGNATURE Lt. J. Buell (DEGREE OR TITLE) Asst ADDRESS Easton Md DATE SIGNED 7-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF July 13/52 NAME OF CEMETERY OR CREMATORY New Zion LOCATION (City, town, or county) Cardova (State) Md.

DATE REC'D BY LOCAL REG. 7/12/52 REGISTRAR'S SIGNATURE N H. Nevins

24. FUNERAL DIRECTOR J. P. Johnson ADDRESS Annapolis Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 14 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 122 N Calendar Street

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) C. (Last) O'Rourke
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8/21/80
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Hn
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr Daniel Heenter
14. MOTHER'S MAIDEN NAME Margaret Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Mrs Suzanne Wells Randolph St. Dorton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction due to arteriosclerotic	8 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary [illegible] [illegible]	7 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 July, 1952, to 28 July, 1952, that I last saw the deceased alive on 28 July, 1952, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 28 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/30/52
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REG. 7/29/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

RECEIVED
AUG 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memoria Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henderson
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Medford (Middle) C. (Last) Porter
4. DATE OF DEATH (Month) July (Day) 10 (Year) 52
5. SEX make
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 3/29/1882
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Dealer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William W. Porter
14. MOTHER'S MAIDEN NAME Emma Collgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Lola Porter, Henderson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immed.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Elks Home
(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 7 (Day) 10 (Year) 52 (Hour) 10 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lewis A. Watts (Degree or title) M.D. D.M.E. ADDRESS Easton, Md. DATE SIGNED 7-10-52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/14/52
NAME OF CEMETERY OR CREMATORY Grace Lawn
LOCATION (City, town, or county) Wilmington, Del. (State)

DATE REC'D BY LOCAL REG. July 13-1952 7-16-52
REGISTRAR'S SIGNATURE L. Mae Pippin N. H. Nevins
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07859

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Sherwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ebeneyer (Middle) James (Last) Rounds
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1952
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH ?
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Septuphucker
11. BIRTHPLACE (State or foreign country) Fairmount Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 213-01-5834
17. INFORMANT AND ADDRESS G. K. Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HCVD - c̄ syncopal attacks — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) E. Bay (CITY OR TOWN) nr. Sherwood (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 7 (Day) 25 (Year) 52 (Hour) m. INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? fell from boat & drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___*

SIGNATURE Louis Whitty MD. (Degree or title) D.M.E. ADDRESS Easton Md DATE SIGNED 1-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/28/52 NAME OF CEMETERY OR CREMATORY Sherwood col. LOCATION (City, town, or county) Sherwood (State) Md

DATE REC'D BY LOCAL REG. 7/26/52 REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AUG

RECEIVED
JUL 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Somers

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 4 1885

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Price

14. MOTHER'S MAIDEN NAME: Edna Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Samuel Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H.C.V.D. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 19 52 to 7/22, 19 52 that I last saw the deceased alive on 7/20, 19 52, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE: H Cox (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7/22/52 | NAME OF CEMETERY OR CREMATORY: Greenlawn | LOCATION (City, town, or county): Cambridge (State): Md

DATE REC'D BY LOCAL REG.: 7/21/52 | REGISTRAR'S SIGNATURE: N.F. Norris

24. FUNERAL DIRECTOR: LeCompte Funeral Home ADDRESS: Cambridge

VS-A15

RECEIVED
1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Effie	Estella	Steilkie	July	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Oct 18 1884	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Bozman MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Larrimore	Eliza Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None		Samuel Steilkie Bozman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Carcinoma of Liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 20 1952	Carcinoma of Liver	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1952, to June 28, 1952, that I last saw the deceased alive on June 28., 1952, and that death occurred at 345 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eugene Kueer Jr	M.D.	Easton	7/8/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/9/52	Bozman Cemetery	Bozman Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8/1952	[illegible]	J. Hampton Harrison	St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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Item 21 Film G147 9-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 2 hrs - 55 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillsboro
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E (Last) Stewart
4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-27-05
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: Ash
13. FATHER'S NAME: Mr Leroy Deliveler
14. MOTHER'S MAIDEN NAME: Olivia Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Mrs E Kemp Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sunshot wound of Dead — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

776x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) QA (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1952, to 7-26, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 4:25 P.M. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Easton, Md DATE SIGNED: 8-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 29
NAME OF CEMETERY OR CREMATORY: Hillsboro Md
LOCATION (City, town, or county): Hillsboro (State): MD

DATE REC'D BY LOCAL REG.: 7/27/52
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: J. Virgil Moore & Son. ADDRESS: DENTON

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 415

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AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Timms
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7/24/52
9. AGE last birthday: D.B. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Easton Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lewis Calvin Timms
14. MOTHER'S MAIDEN NAME: Pearle Alice Quillen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Lewis Calvin Timms Grasonville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonitis — 2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Patent duc Tus arteriosus — Birth
(c)

754.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 19 52 to 7/29, 19 52, that I last saw the deceased alive on 7/29, 19 52, and that death occurred at 11 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leo Ledru M.D. Queen Anne Md 8/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: July 31-52 — NAME OF CEMETERY OR CREMATORY: St. Lawrence — LOCATION (City, town, or county) (State): Stevensville Md

DATE REC'D BY LOCAL REG. 8/30/52 — REGISTRAR'S SIGNATURE: H. H. Meeres
24. FUNERAL DIRECTOR — ADDRESS: Bartlett Bros Centreville, Md.

No 7a 2974

VS. A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

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AUG 8 1952
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND N
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Cor~~ Easton. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) (Last) Warner (Warner)

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1952

5. SEX Male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2-20-1895

9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Timber Cutter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Warner

14. MOTHER'S MAIDEN NAME Clara Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. ?

17. INFORMANT AND ADDRESS Florence Warner (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Laceration	10 days
110.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Fract Skull	10 Days
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods.

(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7 July 52 m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Struck by Falling tree

22. I hereby certify that I attended the deceased from 7 July, 1952, to 17 July 1952, that I last saw the deceased alive on 17 July, 1952 and that death occurred at 3 35 a m., from the causes and on the date stated above.

SIGNATURE H. F. Kinnamon (Degree or title) M.D. ADDRESS Easton, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/20/52

NAME OF CEMETERY OR CREMATORY Skipton (col)

LOCATION (City, town, or county) Skipton (State) Md

DATE REC'D BY LOCAL REG. 7/18/52

REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR James B. Dashiell, Easton, Md. ADDRESS James B. Dashiell

RECEIVED
JUL 28 1911
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07865

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
STREET ADDRESS (If rural, give location) Talbot Co

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J (Last) Williams

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1952

5. SEX: male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Jan 21 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Chapel Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph H Williams
14. MOTHER'S MAIDEN NAME: Adena Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hattie Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Left Kdy — Interval between onset and death: 6 mos

180X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-52
19b. MAJOR FINDINGS OF OPERATION: Ca of Left Kdy
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 7-5, 1952, that I last saw the deceased alive on 7-7, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE: C W Burrell (Degree or title) Asst ADDRESS Easton Md. DATE SIGNED 7-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/10/52 | NAME OF CEMETERY OR CREMATORY: Williamsburg | LOCATION (City, town, or county) (State): Williamsburg

DATE REC'D BY LOCAL REG.: 7/10/52 | REGISTRAR'S SIGNATURE: N. H. Nevins | 24. FUNERAL DIRECTOR: Lewis H. Baynard | ADDRESS

VS-1 Rev. 1-51

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JUL 14 1952
BUREAU V. S.

07866

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 hrs - 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Md - Box 14
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) M. (Last) Willis
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug. 11, 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME (Unknown) Rogers
14. MOTHER'S MAIDEN NAME (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mr Leo Willis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

420,1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 July, 1952, to 31 July, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 2 45/0 m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 31 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/2/52
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 7/31/52
REGISTRAR'S SIGNATURE N.H. Neeves
24. FUNERAL DIRECTOR Mallinckrodt ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AND

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AUG 8 1952
BUREAU V. S.